OFFICE OF MINORITY AND MULTICULTURAL HEALTH
REQUEST FOR APPLICATIONS

COMMUNITY HEALTH MOBILIZATION GRANTS: REDUCING DIABETES DISPARITIES

Richard J. Codey
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I. PURPOSE OF FUNDING

The New Jersey Department of Health and Senior Services, Office of Minority and Multicultural Health (NJDHSS, OMMH) announces availability of funds for community and faith-based organizations to address health disparities in diabetes between minorities (African Americans, Latinos/Hispanics, Asian Americans/Pacific Islanders and Native Americans) and non-minorities living in New Jersey. Project activities under this RFA will focus on strategies to reduce disparities in diabetes awareness, screening and identification, access to care and resources, self-management and, ultimately, outcomes. This funding is intended to support demonstration projects that will model best practices in addressing diabetes in minority communities.

II. BACKGROUND

Office of Minority and Multicultural Health

In September 1990, the New Jersey Office of Minority Health was established by an executive order. In January 1992, formal legislation creating the office was passed and signed into law. On August 8, 2001, bill A2204 was signed, renaming the Office of Minority Health to the Office of Minority and Multicultural Health (OMMH). The amended bill strengthens the activities and increases the functions of the Office in several ways, including the following:

- Clarifies that the populations the Office serves include both racial and ethnic minorities, and that the ultimate goal of the Office is to eliminate health disparities.

- Enhances the Office's powers and duties by allowing the Office to award grants to community-based programs.

The mission of the OMMH remains the same: to foster high quality programs and policies that help all racial and ethnic populations in New Jersey achieve optimal health, dignity and independence.

Specific activities of the OMMH include, but are not limited to:

- Increasing awareness about the impact of health disparities.

- Promoting community health outreach and education through partnership with community based organizations, including faith-based groups.

Defining Health Disparities

Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions on specific population groups when compared to others. OMMH defines a promising disparity initiative as programmatic activity that includes but is not limited to the following strategies:

- Racial/ethnic data collection/tracking;
- Cultural competency;
- Access;
- Quality of care;
- Community partnerships;
- Evaluation.

In 1998, the U.S. Department of Health and Human Services (USDHHS) identified diabetes as one of six focus areas in which racial and ethnic minorities experience serious disparities in health access and outcomes**.**

Dramatic differences in disease rates between the white and non-white populations continue to persist in the state, including disparities in the area of diabetes. These disparities have been documented in Healthy New Jersey 2010 (HNJ 2010), a report outlining an agenda to build a healthier New Jersey. Community and faith-based organizations can be effective vehicles in outreach, screening, education, prevention and health awareness campaigns because they have established ties with the communities they serve—particularly the ethnic population. Recommendations from the OMMH African-American, Latino, and Asian American Minority Health summits, which took place 2000-2002, support this concept.

According to the 1999-2001 Behavioral Risk Factor Surveillance System (BRFSS) data estimates, in New Jersey, minorities are at highest risk of developing diabetes. Minorities (Latinos and African Americans) are also affected by diabetes at younger ages, leading to long-term complications of the disease. As of 1998, 1.2 million of the approximately 30 million Latinos in the United States had been diagnosed with diabetes. According to estimates, 675,000 Latinos were diabetic but undiagnosed.

In 1999, the rate of diabetes during pregnancy, either gestational or pre-existing, was more than twice as high among Asian or Pacific Islander mothers as among black and white women.

Almost twice as many blacks aged 20 and over were diagnosed with diabetes compared to whites. The most frequent cause of end-stage renal disease (ESRD) is diabetes. This condition is preventable through early diagnosis of kidney disease. The 1999 incidence rate of ESRD in blacks was almost three times the rate in whites.

III. AWARD INFORMATION

Funds available for this initiative are contingent on state appropriation. Approximately $500,000 may be available in SFY 2006 to support five projects. Individual awards will not exceed $100,000 per year for three years. Funding estimates may vary. The period for

this demonstration project will be from July 1, 2005 through June 30, 2008. It is expected that awards will begin on or about July 1, 2005

IV. PROJECT FOCUS

Prospective applicants are expected to identify one race/ethnic minority community that it intends to primarily target within a specific municipality or defined neighborhood (s). The race/ethnic community targeted should have a population that equals or exceeds the percentage of the targeted race/ethnic community statewide. While the project must serve residents of that community, the target community may also include users of services in the geographic area served.

Applicants must cite available data in HNJ 2010 or other reliable data sources demonstrating the burden of diabetes on the targeted community.

Applicants must demonstrate a partnership with a health care provider for the purpose of providing linkages to services. OMMH strongly encourages partnerships with Federally Qualified Health Centers participating in a Diabetes Collaborative, an initiative of the Health Resources and Services Administration, Bureau of Primary Health Care. Priority will be given to applicants that demonstrate this partnership. The purpose of the Diabetes Collaborative is to test ways to close the gap between what is known to be effective for the care of people with chronic conditions and what is applied in clinical or public health practice. This initiative allows organizations to make significant improvements in the way they deliver healthcare to their diabetes patients.

V. ELIGIBLE APPLICANTS

Eligible applicants must be non-profit Community or Faith-Based Organizations (CBO/FBOs), a coalition of CBOs, or a local civil rights affiliate with 501(c) 3 status and must currently serve race/ethnic minority communities. Minority Community-Based Organizations (MCBOs) are encouraged to apply. Hospitals, health care provider organizations, local health departments and Federally Qualified Health Centers (FQHCs) are not eligible to apply as the lead agency.

Eligible applicants must meet the following criteria (also, see proof of eligibility below):

- Must be located in the target community and have an established record of at least two years of service and be able to demonstrate strong neighborhood and community linkages to the proposed race/ethnic minority community.

- Demonstrate a history of the ability to provide effective, culturally competent, and linguistically appropriate health-related outreach services to the target race/ethnic community.

VI. PROOF OF ELIGIBILITY

Applicants **must** answer the following questions and provide documents requested. **Failure to provide required documentation will result in disqualification**. Please attach the requested documents at the back of your application.

1. Does your organization currently have valid Internal Revenue Services (IRS) 501(c)(3) tax-exempt status? **Attach a copy to your application**.

2. Does your organization have a process for engaging community input? **Attach a description of that process.**

VII. PROJECT REQUIREMENTS

Identify

A. Identify individuals at risk for developing diabetes using the American Diabetes Association risk assessment. Develop a mechanism to appropriately refer those individuals to a health care provider (e.g., FQHC).

B. Demonstrate understanding and background knowledge of diabetes and how it affects the targeted population, and present effective outreach strategies for addressing the problem.

C. Increase awareness of the diabetes disparity that exists in New Jersey.

Educate & Support

A. Provide culturally competent health/medical materials, including materials for those who have limited English proficiency (LEP), where appropriate, as part of educational outreach efforts.

B. Promote existing hot lines, web sites and other health resources (e.g., National Diabetes Education Program) that focus on diabetes.

C. Conduct intensive outreach and community education on diabetes prevention and health promoting behaviors (e.g., physical activity programs, training in how to make healthier food choices or stress management). Provide a community support group in one of these areas.

D. Enlist the services of appropriately qualified health professional(s) who can focus on areas such as self-management of diabetes. Under the grant, funding can be used to bring in a consultant—e.g., certified diabetes educator (CDE), certified health education specialist (CHES), nurse or other health professional.

Link & Track

A. Provide evidence of effective collaboration with a healthcare provider (e.g., FQHC/Diabetes Collaborative participant[i], migrant health center, local health

department or hospital or the individual's own health care provider) for referral of participants to appropriate health care services.

B. Provide links to health care services through FQHCs or other health care facilities.

C. Provide multiple follow-up contacts that encourage effective management and control with identified diabetics with their consent.

Evaluate

A. Provide evidence of program effectiveness through the tracking mechanisms of the healthcare partner, patient surveys, quality care interviews and other measurable processes.

B. Submit a preliminary plan describing how the program intends to track referrals and linkages of patients to the health care partner.

C. Complete and submit required evaluation forms according to OMMH guidance and within established timeframe.

VIII. APPLICATION CONTENT OUTLINE

The application must address all components listed below.

- Fully complete all required NJDHSS Health Service Grant Application forms, which can be accessed on the web at www.state.nj.us/health/mgmt/mgmt&adm.htm#financial. If more space is required, please attach additional paper.

- Applicants must comply with the A-122 cost principles for non-profit organizations. These principles may be found in the following federal Office of Management and Budget web site: http://www.whitehouse.gov/omb/circulars/a122/a122.html.

Agency Overview - 10 Points

A. Provide a brief description of the Applicant's mission, history and programs.

B. Provide a description of the Applicant's experience in providing culturally, ethnically and linguistically appropriate services to the target population, as well as a summary of the impact of those services.

C. Provide a description of current collaborative efforts, if any, with minority community-based organizations and with health care providers in your service area.

D. Provide a list of staff related to this project, including a description of the professional/educational background individual staff to verify appropriateness for providing certain services.

Needs Assessment - 10 Points

Discuss the specific barriers and challenges confronting the target community in regard to diabetes. Support the needs assessment statement with an overview of the programs that already exist in the community and conversely, what your program intends to provide that is lacking in the community. Address specifically how your program will fulfill that need.

Objectives - 20 Points

State the project mission, objectives and goals. The objectives should be specific, realistic, time-phased, and measurable. Objectives should focus on the projected amount, frequency, duration, and specific timeframe of the proposed intervention and the number of participants to be served.

Methods - 30 Points

Provide a detailed description and time-line for major tasks and project activities. Emphasis should be placed on the project's design (addressing required areas: Identify, Educate & Support, Link & Track and Evaluate) and relationship between objectives and planned intervention(s). The proposed intervention(s) must relate to the needs of the community to be served, exhibit cultural competency, be medically sound, demonstrate a link to quality health care, have the potential to affect outcomes in the identified area of disparity, demonstrate a potential to leverage additional public or private resources, and show a capacity for replication throughout the state. Information about the intervention may include the role and participation of families, peers, health care providers and other support systems needed to achieve effective outcomes.

Evaluation - 20 Points

Submit a plan on how the project will be monitored and evaluated to determine whether project objectives have been met. Clearly show how progress toward attaining objectives and monitoring activities during the project year will be measured. Describe appropriate process and outcome measures. The plan should also describe how information and data will be collected, analyzed and used.

Budget - 10 Points

Budget costs must be reasonable and appropriate for the direct provision of services to the target population. The budget costs must be specific and tied to the project objectives and planned interventions and in compliance with OMB Circular A-122. **Funds may not be used to replace existing program costs.**

IX. APPLICATION REVIEW AND AWARD SCHEDULE

March 21, 2005	Release RFA
April 29, 2005	Applications due to OMMH
July 1, 2005	Projects Begin

X. SUBMISSION OF APPLICATIONS

An original and three (3) separately collated copies of the complete application must be submitted. **Applications received without the number of copies required will not be reviewed. Completed application must be received (not postmarked) by the OMMH no later than Friday, April 29, 2005, 5:00 p.m EST. Applications can be hand delivered between the hours of 9:00 a.m. and 5:00 p.m. Applications will be date stamped upon receipt. FAXED/E-MAILED applications will not be accepted. No extensions will be granted. Late applications will not be accepted. There will not be any exceptions to this requirement. Applications must be directed to:**

Grant Applications
Office of Minority and Multicultural Health-Room 501
New Jersey Department of Health and Senior Services
P.O. Box 360 Trenton NJ 08625-0360

XI. TECHNICAL ASSISTANCE

For technical assistance in responding to this RFA, please contact: Mr. John Ramos at 609-292-6962.

[i] FQHCs participating in Diabetes Collaboratives include:
CAMcare – Camden
Community Health Care – Bridgeton
Eric B. Chandler Health Center – New Brunswick
Jersey City Family Health Center – Jersey City
Southern Jersey Family Medical Centers – Hammonton
Henry J. Austin Health Center – Trenton

REQUEST FOR APPLICATIONS CHECKLIST

Name of Applicant			
Address	City	State	Zip Code
Contact Person		Phone Number ( )	
Proposed Grant Title			

					State Use Only
ITEM		**YES**	**NO**	**N/A**	
Copy of 501(c)(3) Certificate					
Original and 3 Copies (total of 4)					
Application for Grant Funds	(Face Page 1)				
Statement of Local Health Officer	Page 2 of 6				
Needs and Objectives	Page 3 of 6				
Methods and Evaluation	Page 4 of 6				
Cost Summary	Page 5 of 6				
Other Funds and Program Income	Page 6 of 6				
Schedule A Page 1 of 2 – Personnel Costs					
Schedule A Page 2 of 2 – Personnel Justification					
Schedule B Page 1 of 2 – Consultant Services					
Schedule B Page 2 of 2 – Consultant Justification					
Schedule C Page 1 of 2 – Other Cost Categories					
Schedule C Page 2 of 2 – Other Costs Justification					
Schedule D – Officers and Directors List					
Schedule G – Debarment and Suspension		Applicant Retains			
Schedule H – Justification Regarding Lobbying		Applicant Retains			
Schedule I – Certification Sheet					
Schedule J – Agency Minority Profile					
Schedule K – Certification Regarding Environment Tobacco Smoke		Applicant Retains			
Multi-Year Grant Budget Request (FS20) and Instructions					

THIS CHECKLIST MUST BE RETURNED WITH APPLICATION